

Medical Masters of Jin-Yuan Dynasties

Including the Four Great Masters

Jin-Yuan era was one in which China was partially and then wholly conquered by tribes that lay to its north, most notably in the latter dynasty the Mongols who came to form a vast empire. Chinese medicine and culture continued but the Mongols also had their own medicine.

The editor of Needham's Science and Civilization in China Vol.6. Medicine points out that the history of Chinese medicine is often treated as predominantly linear and homogenous, which is a simplification. There are different main stems in the history of what we broadly call Chinese medicine and understanding this can help us understand the differences and connections, of what may appear to be contradictory approaches. Modern TCM is the culmination of developments in Chinese medicine that are founded in the Classics. However, these foundations were built upon by many others over the centuries who contributed to systematization of older teachings, and the further development of these teachings. The Jin-Yuan dynasty (1115-1368) is especially notable for several major contributions identified with particular individuals. Often referred to as the four great masters of the Jin-Yuan but here are included a couple of others.

Liu Wan-su (a.k.a. Liu He-jian) 1120-1200

Cold and Cooling School
Law of Similar Transformation

Zhang Yuan-su 1151-1234

The Yishui school

Zhang Zi-he 1156-1228

Attacking School

Li Dong Yuan Gao (a.k.a. Li Gao) 1180-1252

Stomach and Spleen School
Yin Fire theory

Zhu Zhen-heng (a.k.a. Dan Xi) 1281-1358

Nourish Yin School
Six Depressions

Hu Sihui c.1330

dietician

Flaws says that three of these can be seen as forming a clear progression of ideas. Liu Wan-Su, Li Dong-Yuan and Zhu Dan-Xi. Although we shall see that the ideas of these masters represent a shift away from Classical teachings they contain many important contributions to a complete system of medicine. Understanding these different ideas can help us understand the diversity in modern ideas, rather than debating which of them are the true teachings.

It is of note that according to Unschuld the extant version of the Su Wen that has come to modern times was printed early in this period. This extant version is generally considered to be the Wang Bing's text of the 700s in which Chapter 66-71 and 74 were added. The missing Chapters 72 and 73 were 'recovered' and added in the 1056 edition. The Nei Jing was not substantially amended by the contributions of the Jin-Yuan period and so we can see something of a contrast between these ideas and the Classics. We can see connections between the ideas of the Jin-Yuan era and some of the ideas of the Wang Bing chapters, which would seem to suggest that these ideas were not completely innovative. However, what perhaps distinguishes the Jin-Yuan from the Wang Bing material is the emphasis on very practical clinical medicine rather than more theoretical cosmological aspects (i.e. the Stems and Branches).

Contradictory Signs and Symptoms

Flaws points out that the ideas of these masters to a great extent related to observations of contradictory signs and symptoms that were first mentioned by Hua To. In Secrets of Chinese Pulse Diagnosis Bob Flaws says:

It is my experience that TCM patterns do fit our Western patients but not like a ready-made dress taken directly from the rack. Rather because of complex and deep-seated reasons... difficult, knotty diseases they come to practitioners of acupuncture and TCM to treat, many and even most Western patients have complex pattern discriminations... there are a welter of signs and symptoms which frequently look confusing at best and contradictory at worst.

Hua Tuo in Zhong Zang Jing (Classic of Internal Viscera) described contradictory signs in patients. One of the most common of the contradictions is the appearance of Heat in patients who have underlying Cold conditions. Three of the following masters had a particular interest in heat and fire pathology and contributed to our understanding of this. In the Classics these contradictions are broadly understood to fall under the concept of 厥 [jué: reversal]. Reversal relates to the idea within Yin/Yang theory that something that reaches an extreme will cause a reversal or return into its opposite. Nowadays this term has a more limited meaning in relation to specific conditions of syncope, but in the Nei Jing it includes any condition in which especially heat or cold symptoms appear in a contrary quality or direction to the primary condition or direction. The ideas of later periods do not render this concept redundant, but it does add considerably to the understanding of some of the different conditions that fall under this term in the classics.

厥 jué reversal / syncope / to faint / lose consciousness / fall into a coma / same as 攬 - to dig / a personal and possessive pronoun: he, she, it

Liu Wan-Su (1120-1200) - Law of Similar Transformation

Liu Wan-Su's teachings centred on the Five Elements and Six influences; the six influences are: wind, summer heat, dampness, dryness, fire and cold with a particular emphasis on fire and heat. This emphasis can be seen in the Wang Bing chapters of the Su Wen (66-71, 74, and the 'recovered' chapters 72 and 73) and so presumably were not Liu's innovation. We can see here the origin of the Six External causes of disease as the six step (or 'seasons') of the year.

黃帝問曰： Huang Di asked saying:
天有五行御五位， Heaven possesses Five Elements (Movements) (which) control five loci,
以生寒暑燥濕風。 in order to create cold, summer heat, dryness, damp and wind.

What seems to distinguish these ideas as used by later physicians is that they are not bound up with the meteorological system of the Wang Bing era Chapters. Most notably Liu developed the **theory of similar transformation**. This says that the body's host Qi is Yang, therefore warm. Hence any evil guest Qi, either externally invading or internally engendered, will tend to transform into a warm or hot evil similar to the body's host or ruling Qi.

As an example of an acute condition where this occurs is febrile disease is most commonly caused by cold injury [傷寒 shang han]. Chapter 31 of the Su Wen 'Dissertation on Heat' says:

今夫熱病者， Present now hot (febrile) disease:
皆傷寒之類也， all cold injury their category also...

Which Wiseman has as the modern understanding:

“Shang Han: 1. Externally contracted heat (febrile) diseases. Elementary questions (su wen re lin) states ‘Heat (febrile) disease are all of the cold-damage type’ (Wiseman 78)

This model of wind-cold invasion through the six divisions which was introduced in Chapter 31 of the Su Wen is elaborated in the Shang Hun Lun which is perhaps a pivotal text in the development of modern TCM during a previous era.

The reason for the apparently contrary appearance of heat and cold is not explained technically in the classics, but the law of similar transformation would explain this. The cold invasion encounters the bodies Wei-Qi and hence the fever is an expression of the bodies Wei-Qi and not an indicator of a heat condition per se. This would be comparable to the ‘cold’ stage of a fever in the Western understanding where the patient's body temp is rising but they feel chilled, desire warmth etc. At the level of Yang-Ming the Wind-Cold transforms into heat leading to the syndromes of Heat in the Yang-Ming. True- Cold/False-Heat would also be an expression of this where the underlying condition remains Cold, but the apparent Heat signs are false. An example of a chronic condition is Febrile Bi which is caused by Wind-Cold-Damp transforming into Heat.

Liu predominantly prescribed cooling herbs for hot conditions this is an ‘attacking’ approach described in Chapter 66 of the Su Wen that we can see also figures strongly with another of the physicians we shall discuss.

Zhang Yuansu (1151-1234)

Zhang Yuansu was master of the Yishui school (named for its location). According to his Yixu Qiyuan (Explanation of Medicine) published in 1186 “the prescriptions of the past were not appropriate to the illnesses of today”. An idea which we shall see was shared by another of his

contemporaries. He was most known for teaching that medicines had specific affects on particular Zang-Fu and illness occurred when there was an imbalance of these organs.

Zhang Zi-he, aka Zhang Cong-zhen (1156-1228)

Zhang Zi-He said that the medicines of yesterday could not combat present day illness. This seems very similar to the teachings of Zhang Yuansu and it is tempting to wonder if this shared criticism of the past may relate to the highly formalized cosmological theories of the Wang Bing era, while this era seems to have placed greater emphasis on practical medicine. He also placed emphasis on Six Doors (the six external influences) and three Methods (sweating, vomiting and purging). He is considered to have founded **the Attacking School**. This school was dominated by the theme that we are sick because of toxins. This school advocated that tonics were overused. Therapies promoted sweat to cool and expel toxins, induced vomiting to expel poison and promoted bowel movements to expel toxins. Again this seems to represent a pivotal idea in the development of modern TCM, the emphasis on the ‘attacking’ approach that is perhaps related to the Nourish the Yin approach that we will discuss below.

The direct and indirect method of treatment

Liu’s and Zhang’s teachings with regard to a preference for attacking treatment appear to contrast with the principles of treatment first stated in Chapter 65 of the Su Wen. This is discussed in Cloud Gate: A Comprehensive Compendium of Acupuncture Point Names and more fully in another essay “The Direct and Indirect method of Treatment”.

Henry Lu translates these terms as the direct and indirect methods; which nicely suggest a relation to the similar terms found in Sun Tzu’s Art of War. The terms ‘directive’ and ‘non-directive’ are suggested by this author as translations of these terms. Chapter 65 of the Su Wen says that treatment has the direct [逆 nì: counter-flow] and indirect [從 cóng: flow] method. These are clarified later in the Chapter as the opposing [反 fǎn: contrary] and agreeing [得 děi: gain, harmony] principles. In Chapter 66 representing the thinking of the Wang Bing era these appear to be redefined as straight-forward 正 [zhēng] and paradoxical [反 fǎn: contrary] – the latter term having actually come to mean the opposite of its original meaning. In modern terms the predominant terms used are attack [攻 gōng] and support [扶 fú]. Both attack and support in the modern sense of these would seem to be more in tune with the direct(ive) treatment approach. We can thus see that Liu and Zheng did not originate the emphasis on the attacking approach, but perhaps are proponents of the major shift in emphasis to this approach that characterizes modern TCM.

The modern terms of ‘support’ and ‘attack’ and the treatment techniques of supplementation and dispersal that follow from them do not appear to represent the original thinking. Although Chapter 65 does not elaborate and we can only see the implications of putting this together with other passages, the terms and further elaboration that are found in the Wang Bing chapters seem to very clear in demonstrating a change in definition and emphasis had occurred. The ideas of direct(ive) and non-direct(ive) treatment also seems to provide a better model than tonification/dispersal for understanding the difference between modern Japanese and modern Chinese approaches to treatment technique and intent.

When Chinese medicine first became popular in the West there was a tendency to view this as Daoist more recently there is a tendency to downplay the Daoist aspect of Chinese medicine and argue that Chinese medicine mainly developed in a neo-Confucian context. But the idea of non-directive treatment (like the indirect method in war) can be seen as based upon the principles of philosophic Daoism and so neither point of view would seem to represent the complete picture.

Li Dong Yuan, aka Li Gao (1180-1252AD) - Yin Fire Theory

Li Dong-Yuan, is credited with founding the ‘**strengthening the Earth school**’. Earth is central to the acquired Qi and particularly the aspect of nutrition. Indeed, in the early representation of the Five Elements it occupies the centre position. In his Pi Wei Lun (Treatise on the Spleen and Stomach) he elucidated the mechanism of contradictory conditions first described by Hua Tuo in Zhong Zang Jing (Classic of Internal Viscera) 11 centuries earlier.

The preface to Píwèilùn was written by Lǐdōngyuán's friend Yuánhàowèn 元好問 - a leading scholar of the literati in Kaifeng city. In the preface, Yuán was recalling in 1249 about a tragic event that happened 17 years earlier in 1232; the so-called 壬辰之變 or 壬辰之亂.

During the first lunar month, after Kaifeng had been under siege by the Mongols for several months, the citizens ran out of food and started eating corpses and each other. By the time the 5th month rolled around, during the summer, a winter-like weather pattern descended upon Kaifeng, causing an epidemic that killed close to a million people within 60 days!

Yuán thought many of those lives could have been saved had the doctors of the time not mistreated them for contracting "cold damage". Yuán thought Li's new emphasis on the health of the Spleen-Stomach should be propagated down the ages so that the tragic medical mistake of 1232 in Kaifeng will not repeat itself ever again.

From Leo Lok. "Scholars Of Chinese Medicine" Facebook Group. June 2 2016.

The message here would seem to point to the limitations of the Shang Han Lun as dealing predominantly with external causes. Dong Yuan's theories point to a multi-factorial approach. Various factors arising from the lengthy siege and starvation, overwork and stress contributed to the fatality of the epidemic. (We may be reminded of modern history of the Spanish Flu that followed the first world war.

Li Dong-Yuan similarly described the various causes of pathogenic Heat in the body that he called **Yin Fire** (i.e. Fire caused by Yin Conditions e.g. Damp). It was recommended to utilize the Back-Shu points of the Zang Organs to drain this Heat. These points are among the fifty nine points for treating heat listed in the Su Wen. It has been noted (by Peter Eckman) that there are marked similarities between Evil Heat, Yin Fire, and “Aggressive Energy” as described by J R Worsley. This specific protocol is not part of TCM, but appears to have survived in Taiwan from where it was brought to Europe by Jacques Lavier and Soulie de Morant.

- Yin Fire theory explains why many patients exhibit Heat symptoms to some extent and this Heat may even mask underlying Cold/Yang-Deficient conditions. Because Heat rises

it tends to show in the pulse and tongue and thus will tend to mask the underlying Cold signs.

- Yin Fire” is not to be confused with Empty Heat. It does share one common mechanism but is a broader, more complicated and inclusive concept.
- “Yin” refers to Yin Cold and Dampness generated mostly by a damaged Spleen.

Over-thinking, worry, over-taxation, overeating, under-eating and eating wrong foods - the Spleen fails to control transportation and transformation. The turbid portion of foods and liquid is not separated from the clear and this becomes damp turbidity. This damp turbidity, because it is yin, percolates down to the lower burner, there to damage the Liver and Kidneys. Because the host qi of the body is yang, damp turbidity often transforms into damp-heat. Because of dampness damaging Kidney Yang and because the heat of damp heat tends to float upwards, yang loses its root in its lower source and also tends to surge upwards. Thus although there are symptoms of cold (and possibly damp heat below), there are symptoms of heat above, with other symptoms manifesting vacuity weakness of the Spleen. (Flaws)

- According to Li Dong-Yuan, there are five disease mechanisms that can cause of contribute to yin fire.
 - Spleen Qi Vacuity
 - Damp-Heat
 - Blood vacuity (i.e. Yin Vacuity)
 - Liver Depression (i.e. Liver invading Spleen and Depressive Heat).
 - Stirring of ministerial fire due to extremes of the five or seven affects.

Stagnation was a particular interest of Zhu Zhenheng who will be discussed next. A metaphor for damp transforming to heat can be seen in the hayrick that catches fire because it was stored while still too damp. The most common metaphor for the transformation of stagnation into heat is the bicycle pump that heats up due to the compression of gases. Most of our chronic Western patients have some manifestation of Yin Fire potentially manifesting as allergies, auto-immune disease and cancers.

The Five Minds [志 zhì] and Seven Emotions [情 qíng] which were another particular interest of Li Dong-Yuan are generally given as anger, joy, concern, sorrow and fear, plus fright and cogitation. This rather vague description of the role of the emotions is somewhat typical of TCM that places emotions as a specific area rather than an aspect of every model and dynamic within Chinese medicine. In other words this somewhat general statement could be a subject of considerable elaboration – which is indeed the case in Chinese practitioners who focus on mental-emotional conditions, See Heiner Fruehauf’s ‘All Disease Comes from the Heart’. Five Element tradition also focuses strongly on this area.

The Five Minds (emotions) and Seven Emotions appears to be a case where one can see that the systematized teachings have over-simplified the subject. This will be the subject of another

essay. Suffice to say that especially in Classical Chinese characters have different meanings in different context and whereas Five Emotions is complete in the sense that these terms are labels for the expression of the Five Elements in the psyche and thus mean more than the specific emotion; however, the idea of seven emotions which are emotions per se, seems to be a simplification of the Classic text that talk of more than seven emotions.

Zhu Zhen-heng (a.k.a. Dan Xi) 1281-1358

Zhu Zhen-heng's major work is *Gezhi Yulun* (Theories of In-depth Research) studies the subject of heat and fire. He described ministerial fire as an innate Yang Qi most associated with the Kidneys and Liver and cooperates with master fire or heart-fire. He thought that the bodies Yang was usually in excess and caused Yin to be deficient. In this we can see a shift away from Five Element teachings in which ministerial fire is the complement of imperial Fire. He is considered to have founded the **Nourish Yin School**. This was dominated by the theme that protecting Yin should be the priority. Yin is easy to lose and difficult to replace while Yang is easy to build. This represents another pivotal idea in the development of modern TCM. Yin is generally associated with physical fluids and nourishment and within the body the Ying and blood. The logical conclusion of an emphasis on nourishing the Yin is an emphasis on Yin substance including nourishment and herbal medicine as treatment emphasis. Clearly acupuncture alone cannot directly change the quality or quantity of Yin that is entering the body – it affects the metabolism, production and circulation of the Yin substance. In a sense this emphasis is intrinsically somewhat to reduce the relevance of acupuncture which arguably is a focus on Yang to some extent.

Japanese and Five Element acupuncture can be understood from this perspective as retaining a focus on the Yang. In a sense this is a focus on the special nature of acupuncture and moxibustion which is a Yang modality seeking to direct the activity of Qi (even if we talk of Yin Qi). This would also explain the less forceful approach to treatment techniques. If Yang is easier to treat and thus easier to over-treat it would make sense that treatment would need to be less forceful.

Zhu Zhen-heng can thus be seen as representing a pivotal juncture in two main branches of Chinese medicine. It is also of note that neither approach can totally stand alone. What we might call the Yang branch focusing on Qi manipulation is limited by the quality and quantity of Yin that is entering the body. But a focus on (nourishing) the Yin alone is to lose some of the special significance of acupuncture as a modality and to emphasize the role of nutrition and herbs.

Zhu Zhen-heng's other major contribution is the **six depressions**. In modern books these are generally called stagnations. (The character associated with blood is a different character sometimes translated as 'stasis' to distinguish it from 'stagnation'). The different forms of stagnation are inter-related. These stagnations overlap with the concepts of Yin Fire especially. Rather than a major new theory we can see the six depressions as part of the systematization of the Classical principles. Most of these ideas appear in the *Nei Jing* but are not dealt with as a separate topic.

Zhu Zhen-heng's Six Depressions

	Qi (Stagnation) Qi moves and transforms blood and body fluids	Will lead to the four yin stagnations
Four Yin Stagnations	Blood (Stasis)	Any of the four yin stagnations can result in Qi Stagnation
	Dampness (Accumulation)	
	Phlegm (Obstruction)	
	Food (Stagnation)	
	Fire (Depressive Heat) Stagnation will tend to transform to heat	See Liu Wan Su and Li Dong Yuan

Hu Sihui

Hu Sihui was a Mongol and is credited with being a dietician and writing *Yinshan Zhengyao* (Important Principles of Food and Drink) in 1330, he was a proponent of a balanced diet and argued for moderation.

Conclusion

During the Jin-Yuan dynasty several doctors contributed important ideas to the development of the more systematized teachings characteristic of modern TCM. Several also contributed particularly in regard to understanding heat and fire pathology which is also of interest in relation to understanding a theoretical basis of Five Element concept of aggressive energy. These masters seem to have built upon ideas found in the chapters of the *Su Wen* that are believed to date from the 700s, perhaps representing a culmination of these ideas rather than an innovation. Several of these doctors were proponents of ideas that are crucial in distinguishing modern TCM from non-TCM approaches:

- Directive approaches to treatment based upon the principle of attack and also support, but that even in the latter case differ from the Classical emphasis on a non-directive principle
- Less emphasis on philosophical Daoist principles such as *wu-wei* and *wu-shi* (non-action and non-striving).
- A model of ministerial-fire emphasizing the role of Kidneys (i.e. Kidney Yang) and Liver and thus differing from the Five Element understanding of ministerial-Fire as an intrinsic part of the Fire Element
- Emphasis on nourishing the Yin and thus on dietary and herbal treatment rather than acupuncture as a primary treatment modality
- A move away from a focus on Yang, which latter is perhaps characteristic of non-TCM acupuncture approaches

The idea of a Classical approach to Chinese medicine is not to rule a line of demarcation at a particular place in history, or around a particular body of teachings, or a geographic region, but to re-emphasize principles that have become de-emphasized in the process of

development of modern TCM.

For further information on the history of Chinese medicine

<http://www.shen-nong.com/eng/history/jinyuan.html>

<http://www.acupuncturepei.com/history-of-acupuncture.html>

<http://www.acupuncture-center.org/HistoryofOrientalMedicine.html>

Bibliography.

Flaws, Bob. Secrets of Chinese Pulse Diagnosis. Dexter MI: Blue Poppy Press, Thomson-Shore inc, 1995

Fruehauf, Heiner. All Disease Comes from the Heart: The Pivotal Role of the Emotions in Classical Chinese Medicine’.

http://www.classicalchinesemedicine.org/wpcontent/uploads/2010/08/fruehauf_alldisease.pdf

Eckman, Peter. In the Footsteps of the Yellow Emperor. San Francisco: Cypress Book Co., 1996.

Needham, Joseph & Lu Gwei-Djen; Science and Civilization in China Volume 6 Part 6; Cambridge University Press; 2004

Prescott, Andrew A., Cloud Gate: A Comprehensive Compendium of Acupuncture Point Names. www. Lulu.com, 2012

Prescott, Andrew A., The Direct and Indirect methods of treatment.

Unschuld, Paul U., Huang Di Nei Jing Su Wen: Nature Knowledge and Imagery in an ancient Chinese Medical Text. University of California Press, 2003

Wiseman, Nigel. A Practical Dictionary of Chinese Medicine, Paradigm Publications, Brookline MS 1998